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Drug courts and the Following of the Federal Guidelines

A Thesis Presented

By

Charles James Souza

MAY 2020

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Drug Courts and the Following of the Federal Guidelines

A thesis presented

By

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Submitted to the College of Graduate Studies

Bridgewater State University

Bridgewater, Massachusetts

In partial fulfillment of the requirements for the degree of

Master of Science

In Criminal Justice

DATE

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ABSTRACT

During the 1980's, drug offense were running high within the United States. The court system along with the police and other fields were forced to form other methods of dealing with offenders who have a substance abuse problem. In 1989, the first drug court in the United States was formed in the state of Florida. The idea was to create a therapeutic method to help those who are committing non-violent criminal acts due to their addiction. The goal of drug court was to get offenders the treatment they needed so they would not resort to criminal activity. Drug court personnel came up with a guideline based on the principles of therapeutic jurisprudence called the "10 Key Components". This research measures how closely drug courts in the Commonwealth of Massachusetts follow the 10 Key Components and how this relates to the drug court effectiveness.

DEDICATION

This thesis is dedicated to my beautiful family. Including my in laws, my parents, and my sister. Brittany, my wife, this degree is just as much yours as it is mine, I simply could not have completed this program had it not been for your love and support. Thank you for watching the kids while I attended class and worked on assignments at home. Also, thank you for pushing and motivating me throughout the process. As much as I wanted this for me, I wanted it even more to better the lives of our family and to encourage education to our kids. This would not be possible if I did not have you by my side, I love you.

Connor my beautiful son, you have a smile that can light up any room. When Mommy and I found out she was pregnant with you, I stopped talking about “someday” going back for my master’s degree and I started to act on it. I started the program three months after you were born. I wanted to complete my master’s degree so you too, someday, can be motivated to get an education and have options in life with whatever you choose to do. Thinking of you has motivated me like you would not believe to achieve this goal. Dada will always love and support you. I look forward to watching you grow and become a successful, happy young man, I love you.

Naliyah, taking you into our home at the age of nine and adopting you at the age of eleven has been such a joy to Mommy and me. You came into our house as a 4th grader who didn’t know the alphabet or months of the year. Later that year, you received an award for, “Most Improved Student” and have since made honor roll on several occasions. This Master’s Degree is also dedicated to you, to show you know matter what

cards you were dealt in life, with education and dedication, you can achieve anything in this life, I love you and keep moving forward.

Of course, I must thank Bridgewater State University and its staff. I'll never forget the day sitting in the Bristol Community College lab when I received a phone call that I had been accepted into Bridgewater State University. I immediately had such a sense of pride and joy. Dr. Richard Hauzinger would tell me, "Getting your master's degree creates options for your career." I landed a job three months after receiving my undergraduate degree from Bridgewater State University as a police officer with the Fall River Police Department thanks to his advice. I remain in contact with him today as he is one of the professors I look up to.

Dr. Jennifer Hartsfield, I cannot thank you enough for giving me a chance within the master's degree program. During my undergrad years, I wasn't as mature as I am today. You took a chance on me and gave me the opportunity to better my life for my family and myself. I was nervous entering the program until I walked into your class. You provided us with the proper tools we would need to succeed in the program, and I have thrived. Your compassion and love for teaching is untouchable and BSU is lucky to have you as part of their staff. It is my hope as time goes on, you continue to give someone the chance to prove themselves within the Master's Degree program like you did with me; and there's not a doubt in my mind you will. Thank you for everything you've helped me with.

Last, but certainly not least, this thesis is dedicated to all those who are reading this and come from humble beginnings. You can achieve anything if you work hard and

put the time in. I grew up in one of the roughest areas in the city of Fall River, Massachusetts and continue to do great things. Work hard and enjoy the benefits after.

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INTRODUCTION

The Commonwealth of Massachusetts currently has twenty-five adult drug court programs throughout the state (Department of Specialty Courts, 2019). This thesis project is a mixed-method survey, researching adult drug court programs throughout the Commonwealth of Massachusetts to assess how well they adhere to Federal Guidelines, specifically the 10 Key Components as defined by the National Association of Drug Court Professionals and Drug Court Standards Committee (Olson, Lurigio & Albertson, 2001). The goal was to see how closely drug courts in Massachusetts follow Federal Guidelines and if their success rates are tied to how closely the courts follow these Guidelines. To do this work, electronic surveys were sent to drug courts around Massachusetts.

As mentioned above, in Massachusetts, there are twenty-five adult drug courts and three juvenile drug courts. Nationwide, there are over 3,000 drug courts that annually serve over 120,000 people a year. Nationwide, 75 percent of graduates remain arrest free for a minimum up to two years upon completing the program (Department of Specialty Courts, 2018). This is compared to the 77 percent of drug offenders who have been arrested again after they've been released from incarceration (Bureau of Justice Statistics, 2018). One in five prison inmates are serving time for a drug offense and over 1.6 million Americans were arrested for drugs in 2018 (Wagner & Sawyer, 2020). Drug courts within America are an alternative to traditional sanctions, showing promising results. However, America overall has a "tough on crime" attitude which explains the low number of drug courts throughout the country despite its success (Wozniak, 2016).

For this thesis, every drug court in the Commonwealth of Massachusetts was contacted to answer a survey about adherence to the 10 Key Components and views on their court's effectiveness. Drug courts reside in different regions of Massachusetts and in cities or towns of various sizes within Massachusetts. Twelve of the twenty-five drug courts responded, providing data on each court's adherence to each of the 10 Key Components. One court had two respondents which resulted in thirteen total responses.

When it comes to why I am doing this research, drug courts show promise as an alternative to jail and prison sanctions. Studies have shown drug courts provide a very modest reduction in recidivism at present (Lowenkamp, Holsinger, & Latessa, 2005, p.10). Through Lowenkamp, Holsinger & Latessa's, 2005 study, drug court programs are most effective with younger and higher risk offenders, reductions of over 10% and up to 25% are observed when focusing on those groups (Lowenkamp, Holsinger, & Latessa, 2005, p.10). Another study by, Johnson, Hubbard & Latessa, 2016, showed there is some evidence to suggest drug courts have been successful at reducing drug use and recidivism with their participants (Johnson, Hubbard & Latessa 2016, p. 72). Johnson, Hubbard & Latessa 2016 also stated, "Drug court model's contain components that will likely result in offender change" (Johnson, Hubbard & Latessa 2016, p. 73). It would be important to have clear indicators of success and the ability to say these courts are working well in the Commonwealth of Massachusetts. With this evidence, the Commonwealth of Massachusetts and other municipalities might be more willing to put resources into prison & jail alternatives.

This thesis begins with a history of United States drug courts, the 10 Key Components and information on the Massachusetts drug courts. This is followed by the study methods, results and a discussion of the findings.

LITERATURE REVIEW

Drug Court History

Drug courts are problem resolving courts that function in such a way in that the prosecution, probation, law enforcement, mental health, and social service groups come together to give treatment to people with substance abuse issues (Department of Specialty Courts, 2018). The first drug court in America opened in Miami in 1989 (Department of Specialty Courts, 2018), to address drug-addicted offenders, in unprecedented numbers that were clogging the criminal justice system at every stage, from arrest to prisoner reentry (Hennessy, 2001).

Prosecutions and sentencing policies are expensive and largely ineffective in reversing the cycle of drug use and crime. (Hennessy, 2001). In 1997, just eight years after the first drug court appeared in the United States, there were over 370 drug courts in the country. The largest numbers of drug courts were in California, Florida, Ohio, Oklahoma, and New York (Cooper, 1998).

By April 2007, more than 1,000 specialized drug courts were up and running in the United States (American University, 2007). As of June 2015, the estimated number of drug courts operating in the U.S. is over 3,000 (Overview of Drug Courts, n.d.). The court program helps individuals in the criminal justice system reduce recidivism and become a productive member of society. Those who qualify for the program may participate in drug court instead of receiving a traditional sentence like incarceration. Individuals within the drug court program who have been found guilty of a crime or had a

CWOF (Continued without a finding) and are placed on supervised probation (Department of Specialty Courts, 2018).

Drug courts are grounded in the idea of therapeutic jurisprudence. Therapeutic jurisprudence was introduced in 1987 and has been widely discussed in the legal literature (Wexler, 1992). Therapeutic jurisprudence is the "study of the role of the law as a therapeutic agent" (Wexler, 2000, p.1). Therapeutic jurisprudence can also be viewed as the social scientific study of the law's effects on people's psychological and physical well-being (Slobogin, 1995). An example of this is moving the drug court participant out of their home and into a sober house in another city or town.

Therapeutic jurisprudence is viewed as the law and is a lively social force that can have psychological consequences on a defendant's problems. Due to this, courts can be change agents that apply a therapeutic influence through their procedures, decisions, and dispositions (Wexler & Winck, 1996, p. 2). Therapeutic jurisprudence is a viewpoint or example that guides court interventions for the purpose of improving the lives of those in drug court. As the drug court movement unfolds, it is very important that drug court judges, lawyers, administrators, and legislators have a clear understanding of how the specialized court works and how it operates within the framework of therapeutic jurisprudence (Hora, Schma & Rosenthal, 1999). To achieve this, the research community has the task of explicating, testing, and empirically overlooking the theoretical features of therapeutic jurisprudence theory. One of the first applications of therapeutic jurisprudence to the drug court was a 1999 article written by Hora, Schma, and Rosenthal (1999) in the Notre Dame Law Review. The authors introduced therapeutic jurisprudence as "the use of social science to study the extent to which a legal

rule or practice promotes the psychological and physical wellbeing of the people it affects." (Hora, Schma & Rosenthalm, 1999, p.443). The writers were hoping to advance the drug court implementation process and assist those in the academy and the justice and health professions by applying therapeutic jurisprudence to the drug court movement (Hora, Schma & Rosenthal. 1999).

The study by Hora, Schma & Rosenthal (1999) is important because for all of those involved within drug courts (judges, probation, district attorney's office, police, correctional facilities and other outside agencies) it's important for them to have a clear understanding how the drug court is suppose to work and how it fits within the therapeutic jurisprudence. Hora, Schma & Rosenthal were hoping to advance the drug court implementation process by applying the methods of therapeutic jurisprudence.

As mentioned earlier, Therapeutic jurisprudence is a fairly new legal theory that was originally defined by Wexler and Winick (1991) as the study of the amount to which substantive regulations, legal procedures, and the roles of lawyers and judges produce therapeutic or anti-therapeutic penalty for those involved in the legal process (Hora, Schma & Rosenthal. 1999, p.444). The therapeutic jurisprudence theory was first used in the field of mental health law and later adopted in response to areas such as domestic violence, homelessness, and family law (Hora, Schma, & Rosenthal, 1999, p.443).

Therapeutic jurisprudence helps to clarify how the rules and processes of the drug court affect offenders who go into a drug court program. The process of looking over offenders throughout their programs is one component that is built-in into the theoretical mold (Hora, Schma, & Rosenthal, 1999). The statute of providing treatment for offenders is the second part. The third part consists of other legal rules that establish the

procedures of the court. Hora, Schma & Rosenthal's, (1999) study shows these components as the basis for the theoretical model used to empirically examine how the Broward County, Florida drug court's rules and processes affect offender behavior change (Hora, Schma, & Rosenthal. 1999, p.531).

10 Key Components

The 10 Key Components were produced by a diverse group of drug court practitioners and other experts from across the country, brought together by the National Association of Drug Court Professionals (Ashcroft, Daniels, & Herraiz, 2004). The committee included representatives from courts, prosecution, public defense, treatment, pretrial services, case management, probation, court administration, and academia and others with drug court experience (Ashcroft, Daniels, & Herraiz, 2004). The committee intended for the benchmarks to be inspirational, describing the very best practices, designs, and operations of drug courts for adults with alcohol and other drug problems (Ashcroft, Daniels, & Herraiz, 2004).

Key Component 1. Drug courts integrate alcohol and other drug treatment services with justice system case processing. The purpose of this guideline is to stop the abuse of alcohol and other drugs and related criminal activity. Drug courts promote recovery through a coordinated response to offender's dependent on alcohol and other drugs (Ashcroft, Daniels, & Herraiz, 2004).

Key Component 2. Using a non-adversarial approach, prosecution and defense counsel promotes public safety while protecting participants' due process rights. The purpose of this is to facilitate an individual's progress in treatment. The prosecutor and

defense counsel must shed their traditional adversarial courtroom relationship and work together as a team. Once a defendant is accepted into the drug court program, the team's focus is on the participant's recovery and law-abiding behavior—not on the merits of the pending case (Ashcroft, Daniels, & Herraiz, 2004).

Key Component 3. Eligible participants are identified early and promptly placed in the drug court program. Arrest can be a traumatic event in a person's life. It creates an immediate crisis and can force substance abusing behavior into the open, making denial difficult. The period immediately after an arrest, or after apprehension for a probation violation, provides a critical window of opportunity for intervening and introducing the value of alcohol or drug treatment (Ashcroft, Daniels, & Herraiz, 2004).

Key Component 4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services. The origins and patterns of alcohol or drug problems are complex and unique to everyone. They are influenced by a variety of accumulated social and cultural experiences (Ashcroft, Daniels, & Herraiz, 2004).

Key Component 5. Abstinence is monitored by frequent alcohol and other drug testing. The purpose of this is to frequent court ordered alcohol or drug testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress (Ashcroft, Daniels, & Herraiz, 2004).

Key Component 6. A coordinated strategy governs drug court responses to participants' compliance. This purpose is to establish a principle of alcohol or drug treatment is that addiction is a chronic, relapsing condition. A pattern of decreasing

frequency of use before sustained abstinence from alcohol and other drugs is common. Becoming sober or drug free is a learning experience, and each relapse to alcohol or drug use may teach something about the recovery process (Ashcroft, Daniels, & Herraiz, 2004).

Key Component 7. Ongoing judicial interaction with each drug court participant is essential. The judge is the leader of the drug court team, linking participants to alcohol or drug treatment and to the criminal justice system. This active, supervising relationship, maintained throughout treatment, increases the likelihood that a participant will remain in treatment and improves the chances for sobriety and law-abiding behavior (Ashcroft, Daniels, & Herraiz, 2004).

Key Component 8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness. Fundamental to the effective operation of drug courts are coordinated management, monitoring, and evaluation systems. The design and operation of an effective drug court program result from thorough initial planning, clearly defined program goals, and inherent flexibility to make modifications as necessary (Ashcroft, Daniels, & Herraiz, 2004).

Key Component 9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations. Periodic education and training ensure that the drug court's goals and objectives, as well as policies and procedures, are understood not only by the drug court leaders and senior managers, but also by those indirectly involved in the program. Education and training programs also help maintain a high level of professionalism, provide a forum for solidifying relationships among

criminal justice and AOD treatment personnel, and promote a spirit of commitment and collaboration (Ashcroft, Daniels, & Herraiz, 2004).

Key Component 10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness. For the last step, due to its unique position in the criminal justice system, a drug court is especially well suited to develop coalitions among private community-based organizations, public criminal justice agencies, and alcohol or drug treatment delivery systems. Forming such coalitions expands the continuum of services available to drug court participants and informs the community about drug court concepts (Ashcroft, Daniels, & Herraiz, 2004).

Massachusetts Drug Courts

In Massachusetts, there are five stages in the drug court program a participant must successfully complete to graduate the court program. The first stage consists of 60 days but could differ based on the level of cooperation of the participant (Department of Specialty Courts, 2018).

Stage 1. Stage 1 consist of the courts doing assessments, so they can find which programs work best for them and to build a level of comfort with the courts and program (Department of Specialty Courts, 2018). The participant is expected to attend court every week and enroll with treatment programs and remain drug and alcohol free (Department of Specialty Courts, 2018). Any medication the participant is prescribed must be approved by their probation officer prior to use. They must attend weekly visits with their probation officer, monthly home visits from their probation officer and random drug

testing at least twice weekly. The participant also must show their address for housing purposes as well as have a curfew of 9:00 P.M (Department of Specialty Courts, 2018). They also must change who they associate themselves with. The Participant must be active and get into self-help programs that are approved by the program. He or she must remain clean and sober for a minimum of two weeks after completing all treatment requirements assigned by the treatment team within the program (Department of Specialty Courts, 2018).

Stage 2. Stage 2 lasts for a period of 90 days, depending on the participant's level of cooperation in the drug court program. During the second stage, the courts want the participant to get involved with other members within the program to help build a positive attitude with other drug court members and have a positive role model. During this stage, the participant must continue going to drug court sessions on a weekly basis. They must attend five self-help meetings each week and cannot be late. The participant must continue giving random drug testing, complete a psychological valuation and participate in counseling. The Participant must revisit their relapse prevention plan during this time. Within ten days to two weeks he or she must write a short statement on how the program has changed them and improved their relationship with friends and family. The curfew time is now extended until 10:00 P.M. (Department of Specialty Courts, 2018).

Stage 3. Being able to move forward to Stage 3 of the program is important within the program because you must complete 90 days of being clean and sober with no failed drug test. Research done by the members of the drug court staff has shown during this stage, many participants still need the structure needed to remain clean and sober. During this phase, the courts have you develop your own structure plan that helps you

stay on the right track. As the third phase closes out, the judge and the participant must put together a Stage 4 plan with a treatment provider that explains what that plan is and how they're going to make it work to fit the participant's needs. During this Stage 3 period, the subject must comply with weekly drug court session, attend self-help meetings, and continue giving drug testing at random. The participant must behave in a positive way for new participants in the program and get a Sponsor. A week prior to moving on to Stage 4, you must submit a phase 4 plan and provide a report of how you plan to stay sober when in a stressful situation and provide examples of the past when he or she could have chosen to do a substance rather than deal with that stress (Department of Specialty Courts, 2018).

Stage 4. Stage 4 consists of the same requirements as the previous three stages; however, the participant must only appear in court every other week, instead of once a week and must be in a drug/alcohol free housing. As the 4th Stage begins to come to an end, a judge will ask the participant to work on a Stage 5 plan with a provision provider. They designed this plan to encourage the participant's current and future goals and strategies for recovery while in Stage 5 and prepare him or her for graduation (Department of Specialty Courts, 2018).

Stage 5. Stage 5 is intended to improve the participant's recovery. Nothing changes from the previous stages; however, the participant now must attend drug court only once a month. This stage is a 12-week stage. A week before graduation, the participant must submit a summary telling the qualities that the participant has learned through their road to being sober and how they could help others within the program do

the same. The participant must write another essay on the pros and cons of the program and how it could be better for future participants (Department of Specialty Courts, 2018).

Graduation. For a participant to graduate the program, he or she must have two months of being sober, consecutively. Once completed, the participant may still be on probation and must conduct drug testing for a period of time. Graduation is held during the drug court session and friends and family of the participant may attend to watch the graduation. The goal of drug courts is to rehabilitate the participant who will, in turn, no longer use drugs and commit crimes. Drug courts is the alternative to incarceration, this program supports Woznick's "Smart on Crime" theory (Department of Specialty Courts, 2018).

Demographics of Drug Courts

Evaluations of drug courts from other states suggest that disparate outcomes for race are a problem nationwide (Brewster, 2001). A study of Pennsylvania drug court participants included age, race, gender, employment, main drug of choice, rate of drug use, and status of drug court participant or non-participant (Schiff & Terry, 1997). The study showed that race was the only background variable that showed some significance. The African American race was negatively connected with program completion (Schiff & Terry, 1997). Statistics from the first-year cohort of the Broward County, Florida drug court indicated that demographic factors, including race, were the most important defendant characteristics that predicted graduation (Schiff & Terry, 1997). Whites were more likely to graduate (Schiff & Terry, 1997).

The demographic characteristics of race, education, and drug choice predicted the likelihood of graduation 98 percent of the time (Schiff & Terry, 1997). There were also reports similar results in a Riverside, California drug court. When it comes to the African American participants, 32 percent completed the program, compared with 69 percent of the whites. (Sau, Scarpitti, & Robbins, 2001). Though, they found no statistical difference between the races of participants in rates of success. (Sau, Scarpitti, & Robbins 2001). Another study showed that blacks outperformed their white counterparts in the Jefferson County, Kentucky Drug Court program (Vito, & Tewksburg, 1998). Vito and Tewksburg also came to conclusion that African Americans seemed to respond to treatment better.

This brings the question in this study, why do disproportionate numbers of African Americans not graduate from drug court? Structural factors inherent in the treatment program have been cited as causes for African American's low success rates (Schiff & Terry, 1997).

Due to this, it could slow down success, lead to prejudiced understanding of behavior by criminal justice system decision makers, or create ethnic differences in openness to treatment (Schiff & Terry, 1997). They also recommended that system decision makers might be more likely to take behavior transgressions by non-whites as grounds for failure (Schiff & Terry, 1997). Additionally, cultural differences affecting perceptions of and responsiveness to substance abuse treatment could result in disparate outcomes. Curriculum based on principal cultural assumptions might have a say to differential success rates (Schiff & Terry, 1997).

Such cultural assumptions might not be enthusiastically apparent to those who create the policy. Some researchers have identified specific participant characteristics as explanations for racial differences in drug court outcomes. Some suggest that they may reflect the relationship between jobs and race, and between race and the drug they chose. (Schiff & Terry, 1997). Brewster also said that African Americans in his study were significantly less likely to be employed and were twice as likely to have recognized cocaine as the drug they chose. Schiff and Terry noted that preference for crack/cocaine as the drug of choice was focused among minority youth, who are less likely to have employment. Also, other research findings indicate that cocaine users are less likely to graduate (Peters, Haas, & Murrin, 1999).

Things That Worked and Things That Didn't Work

Studies have shown, drug courts work well at getting people into programs and have better results reflected on the recidivism rate. Ever since they were first established in 1989 in Miami, Florida, drug courts have found political supporters on both the right and the left. Both sides want to cut costs, lower incarceration rates, and offer rehabilitation (Mehta, 2017). Drug courts hold people accountable for their actions; a prison sentence hangs over their head if they do not comply. Drug courts provide housing (Sober houses) for its participants, counseling and weekly and bi-weekly drug test. The participant also has a team of supporters such as attorneys, counselors, coaches and even the judge who speaks with them to help them get through their struggles. When participants show up to court, they're awarded with a gift for doing well. The judge will have the participant walk up to the front of the court room and grab a gift. This helps motivate the participant to want to keep getting better so they can graduate and become a

productive member of society. Studies have shown them to be better than prison when it comes to reducing recidivism (Mehta, 2017).

People with substance use disorders who choose to go into drug court, rather than spend years in prison, are making a voluntary decision. The reality, of course, is much more complicated. By their very design, these courts put defendants in a situation where choosing treatment, regardless of its quality and regardless of their ability to comply with it, is the only way to avoid an official prison or jail sentence (Mehta, 2017). Drug courts are also wildly inconsistent when it comes to providing evidence-based treatment. For example, despite even the National Association of Drug Court Professionals recommending against it, medical professionals are sometimes overruled by probation officers or judges who prefer a less therapeutic approach (Mehta, 2017). Some areas are understaffed and underfunded some defendants are still positioned to fail, either because they lack necessities such as housing, food, and transportation (Mehta, 2017). There can't just be one way to handle all the participants that enter the program. This war on addiction cannot be black and white. It must be diverse and open to helping each participant need to get them to succeed.

The mission of drug courts is to stop the abuse of alcohol and other drugs and related criminal activity. Drug courts promote recovery through a coordinated response to offender's dependent on alcohol and other drugs. Realization of these goals requires a team approach, including cooperation and collaboration of the judges, prosecutors, defense counsel, probation authorities, other corrections personnel, law enforcement, pretrial services agencies, treatment alternatives to street crime programs, evaluators, an array of local service providers, and the greater community (Ashcroft, Daniels, &

Herraiz, 2004). Based on the above mentioned, the 10 Key Component outlines were designed. Every drug court throughout the country follows the Federal Guidelines. It is significant because it helps provide funding and a structure for all to follow to make sure everyone is on the same page (Ashcroft, Daniels, & Herreraiz, 2004).

In the Multi-Site Adult Drug Court Evaluation: The Impact of Drug Courts Drug Courts Volume 4, the authors give statistics on the effectiveness of drug courts reducing both criminal and drug behavior. The authors compare drug court participants versus those who are not. Drug courts show considerable reductions in drug relapse (Rossman, Roman, Zweig, Rempel & Lindquist, 2011).

In the year prior to the 18- month interview that was conducted, drug court participants were significantly less likely than the comparison group to report using all drugs (56% compared to 76%) and also less likely to report using “serious” drugs (41% compared to 58%) (Rossman, Roman, Zweig, Rempel & Lindquist, 2011, p.3). On the 18-month oral fluids drug test, considerably fewer drug court participants tested positive for illicit drugs (29% compared to 46%) (Rossman, Roman, Zweig, Rempel & Lindquist, 2011, p.3). Also, between those participants who tested positive or self-reported using drugs, drug court participants used drugs less frequently than the comparison group (Rossman, Roman, Zweig, Rempel & Lindquist, 2011).

The statistics show major percentages of drug court participants who report no setback during the 18-month period; similarly, drug court participants were statistically significantly less likely to have a drug setback in the first six months (Rossman, Roman, Zweig, Rempel & Lindquist, 2011). On the other hand, there was a small; however,

statistically important, percentage of the comparison group reported no sobriety within the 18 months. (Rossman, Roman, Zweig, Rempel & Lindquist, 2011).

According to The Multi-Site Adult Drug Court Evaluation: The Impact of Drug Courts Drug Courts Volume 4, drug courts create significant reductions in criminal behavior (Rossman, Roman, Zweig, Rempel & Lindquist, 2011 p.47). In the year prior to the 18-month interview, drug court participants were significantly less likely than the comparison group to report committing crimes (40% compared to 53%), and of those who committed any crime, drug court participants committed fewer (Rossman, Roman, Zweig, Rempel & Lindquist, 2011).

Even though both of the samples had large numbers of criminal acts at 18-month follow-up, drug courts reduced that number by half (43.0% compared to 88.2% criminal acts in the prior year) (Rossman, Roman, Zweig, Rempel & Lindquist, 2011). Among specific offenses, drug court participation reduced drug possession, drug sales offenses, driving while intoxicated, and property-related crime (Rossman, Roman, Zweig, Rempel & Lindquist, 2011). Finally, drug courts reduced the probability of an official re-arrest over 24 months (52% compared to 62%) (Rossman, Roman, Zweig, Rempel & Lindquist, 2011).

Housing. Housing programs have a major effect on the therapeutic jurisdiction on one's process when enrolled in drug court which ties into Key Component 10 on the Federal list of the 10 Key Components (Adult Drug Court Manual, 2015). Key Component 10 is forging partnerships among drug courts, public agencies, and community-based organizations, generates local support and enhances drug court program effectiveness. Having a relationship with a forging partner or public agency

within the housing area can help provide more options to place participants away from their environment. Studies have shown that drug court programs that offer services such as “employment, education, and housing help offenders overcome stressors that might lead to drug relapses.” (Hartley & Phillips, 2001, p.107). Drug Courts ought to make available or refer participants for treatment and social services to address circumstances that are expected to interfere with how they respond to substance abuse treatment. In the first stage upon entering the drug court program, participants should receive services designed mainly to deal with responsivity needs, such as housing, mental illness symptoms and other issues (Adult Drug Court Manual, 2015). The scale of treatment services available to the drug court participants should include a range of treatment services of varying intensity, from acute to stabilization to support services when needed. Not all participants will need residential placements, some other services, including inpatient rehabilitation services, which are shortterm residential treatment typically no longer than 30 days (Adult Drug Court Manual, 2015).

Court Monitoring. The drug court is a special criminal court that streamlines drug cases away from traditional processing and punishment into an intensive drug treatment program. The drug treatment aspect mandates that drug courts substitute the adversarial approach with a collaborative style of case management to promote the psychological and physical well being of offenders, which is the foundation of therapeutic jurisprudence. In order for the collaborative case management style to be effective, the judge, prosecution, defense counsel, drug treatment providers, and probation representative must work together to monitor the treatment process of each offender to help them change their drug usage and criminal behavior.

Drug Court and Funding

When dealing with drug courts, it is important to know how they are funded. Local courts are developed following the Federal model often with grant money. The Federal Government has demonstrated growing support for the drug court model primarily through financial support of drug court programs, research, and various drug court initiatives (Sacco, 2018, p.1). The Department of Justice (DOJ) supports research on drug courts, 28 training and technical assistance for drug courts, and grants for their development and enhancement (Sacco, 2018, p. 6). The primary Federal Grant Program that supports them is the Drug Court Discretionary Grant Program (Drug Courts Program) (Sacco, 2018, p. 6). 29 DOJ's Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) jointly administers this competitive grant program along with the Substance Abuse and Mental Health Administration (SAMHSA) within the Department of Health and Human Services (HHS) (Sacco, 2018, p. 6). These grants are dispersed to state and local courts to establish and enhance drug courts for nonviolent offenders with substance abuse issues (Sacco, 2018, p.6).

Research Question

Drug courts are a specialty court that differ from the traditional sanction of incarceration. The defendant can enter a drug treatment program rather than go to jail. Basically, drug court is a form of probation which requires those to get drug tested, enter programs, and even live in a sober house. Drug court programs began in Florida and have since made its way through the country and have expanded into the Commonwealth. At one point in Massachusetts, there were only a select few courts that had offered the program and now 25 do throughout the state.

This thesis seeks to investigate if adhering to the 10 Key Components of the Federal Guidelines relates to drug court effectiveness? It looks at how effective each drug court is and compares that effectiveness with the how closely each court follows the 10 Federal Guidelines of drug courts. Comparing drug courts that are in suburban areas and those in urban areas, how effective each drug court is by looking at their recidivism rate, how those who work within that specific court will rate topics directly related to the 10 Federal Guidelines

METHODOLOGY

Quantitative Methods

Quantitative methods can involve original data collection from either through a survey, sampling of existing records, or even in criminal justice, an experiment (McShane, & Williams, 2008). There can be many pros and cons involving Quantitative methods.

Quantitative data, provides estimates of populations in large numbers, providing results which can be condensed to statistics. This allows for statistical comparison between various groups. They can also be distributed through surveys, emails, and phone calls (Sukamolson, 2007). Conversely, they can take awhile to code and analyses can get expensive, take awhile to get results back, and samples are restricted to individuals at the location (Sukamolson, 2007).

Mixed Methods

Mixed methods research is both a methodology and a method, and it involves collecting, analyzing, and mixing qualitative and quantitative approaches in a single study or a series of studies (Creswell & Plano Clark, in press, 2006). It is also described as research that is an approach that combines quantitative and qualitative research methods in the same research inquiry. Such work can help develop rich insights into various phenomena of interest that cannot be fully understood using only a quantitative or a qualitative method. Notwithstanding the benefits and repeated calls for such work, there is a dearth of mixed methods research in information systems (Safdar, Abbo, Knobloch & Seo, 2016).

Mixed methods research are especially useful in understanding contradictions between quantitative results and qualitative findings, give a voice to study participants, and ensure that study findings are grounded in participants' experiences (Wisdom & Creswell 2013). Mixed methods also have great flexibility and are adaptable to many study designs, such as observational studies and randomized trials, to elucidate more information than can be obtained in only quantitative research (Wisdom & Creswell 2013).

Mixed methods studies are complex to plan and conduct. They require careful planning to describe all aspects of research, including the study sample for qualitative and quantitative portions (Wisdom & Creswell 2013). Integrating qualitative and quantitative data during analysis is often a challenging phase for many researchers. Conducting high-quality mixed methods studies requires a multidisciplinary team of researchers who, in the service of the larger study, must be open to methods that may not be their area of expertise (Wisdom & Creswell 2013). Finding qualitative experts who are also comfortable discussing quantitative analyses and vice versa can be challenging in many environments. (Wisdom & Creswell 2013).

The strength of having a mixed methods survey is the chance to have closed and open-ended questions. This research is a mixed method survey that is administered using Qualtrics. Qualtrics is web-based software that allows the user to create surveys and generate reports. Qualtrics enables you to do surveys, feedback and polls using a variety of distribution means.

The research study used in this thesis was approved by Bridgewater State University Institutional Review Board (IRB) . A copy of this approval is located in Appendix A.

To gather data, the survey was sent to judges and probation chiefs. The questions can be seen in Appendix B. These questions were designed to see how each drug court that responded adhered to the 10 Key Components. The questions ranged from how early they identify participants to relationships with outside agencies. The survey was sent through Qualtrics to each of their e-mails, one a week for a period of three weeks.

In order to effectively collect the data needed to answer my research question, the following methods were followed. This research is a mixed methods survey that includes both quantitative and qualitative survey questions. E-mail addresses to contact drug court judges and probation chiefs in Massachusetts were obtained via the mass.gov website. The site also provides a wealth of information on how the court operates.

Sample

To protect the identities of the courts, each court was renamed a letter of the alphabet; A, B, C, D, E, F, G, H, I, J, K, L and M. Every drug court in the state of Massachusetts was contacted to participate. These courts reside in different regions of MA, and in cities of various sizes within MA. Using the email addresses found online at Mass.gov, emails were sent to each of the 25 drug courts around the state. The emails specifically targeted the drug court judge and probation officers who work with the drug court participants. In total, 50 emails were sent. As shown in table 1, of the 50 e-mails that were sent, 13 responded. These responses represented 10 probation officers and 3

judges. Of the 25 courts in Massachusetts, 12 are represented in the data. 1 court had 2 responses from the same court for a total of 13 responses.

The Survey

The survey is made up of 25 questions (see Appendix B) and was distributed to 50 employees of the commonwealth of Massachusetts. The 50 employees were made up of Chief Probation Officers, as well as, Judges involved within each respected drug court throughout the state. The survey was distributed through a third-party website called Qualtrics. Qualtrics is web-based software that allows the user to create surveys and generate reports. Qualtrics enables you to do surveys, feedback and polls using a variety of distribution means. The emails were sent every week for three weeks during the spring of 2020.

The survey asked questions measuring adherence to each of the 10 Key Components. There were three questions about court programs effectiveness, the effectiveness in regards to housing programs and effectiveness regarding the recidivism rate. See Appendix B for full questionnaire.

Measures

Each of the 10 Key Components had a corresponding, open ended question in the survey. Each were coded in the following way:

Key Component 1 was measured by a question asking, “does your court offer drug and alcohol treatment services?” Respondents could choose yes or no as the answer.

Key Component 2 was measured in the survey by asking “Does your drug court use a non-adversarial approach when dealing with participants? If yes, how? And how is due process rights protected?” Respondents were asked to write in their answers. The responses were coded as affirmative if the answer included that they did use a non-adversarial approach and protected their participants due process rights.

Key Component 3 was measured in the survey by asking “At what point are defendants identified for the drug court program?” Respondents were asked to write in their answer. The responses were coded as affirmative or early if they identified the participant before a probation violation and those that identified after a probation violation received a negative.

Key Component 4 was measured in the survey by asking, “Does your drug court offer alcohol and drug treatment services?” Respondents could choose yes or no as the answer.

Key Component 5 was measured in the survey by asking, “Does probation drug test the participants? If so, how often?” Respondents were asked to write in their answers. The responses were coded as affirmative if the answer included that they did test the participants according to what stage the participant was in.

Key Component 6 was measured in the survey by asking, “Does your drug court use rewards or sanctions as tools to address compliance problems?” Respondents could choose yes or no as the answer.

Key Component 7 was measured in the survey by asking, “How often do participants have to report to court?” Respondents were asked to write in their answers. The responses were coded as affirmative if the answer included that they had the participant report to court the amount of times a week/ month that correlated with the stage they are in.

Key Component 8 was measured in the survey by asking, “Do you have a system in place to review the effectiveness of your courts outcomes?” Respondents could choose yes or no as the answer.

Key Component 9 was measured in the survey by asking, “Does your drug court offer interdisciplinary education for drug court staff?” Respondents were asked to write in their answers. The responses were coded as affirmative if the answer included that they offered interdisciplinary education for their staff.

Key Component 10 was measured in the survey by asking, “Do you have any foreign partners (public agencies, community-based organizations) If yes, who?” Respondents were asked to write in their answers. The responses were coded as affirmative if the answer included that they did have any foreign partners such as public agencies and community-based organizations.

Three measures of effectiveness were asked; 1) How effective do you think your drug court program is? 2) How effective do you feel your housing within drug courts are? and 3) How effective do you feel your drug court is when it comes to the recidivism rate?

Each were asked by having the survey participant rate each measure of effectiveness on a scale 1-5 (5 being the most effective, 1 being the least).

Demographics

As shown in Table 1, of the 25 courts that were contacted, 12 courts had at least one respondent. Each responding court was given a letter identity. One court, represented by court D and court K had 2 respondents, the judge (Court D) and probation officer (Court K) respond. In all, there are responses from 10 probation officers and 3 judges. Six of the courts are located in suburban areas of Massachusetts and seven courts in urban areas.

Table 1.

		Court												
		A	B	C	D	E	F	G	H	I	J	K	L	M
Position of those in drug court who responded and demographics														
1	Drug Court Position of respondent	P.O	P.O	P.O	Judge	P.O	P.O	Judge	P.O	P.O	P.O	P.O	Judge	P.O
2	Demographic of Drug Court	Sub	Urban	Sub	Sub	Urban	Urban	Urban	Sub	Urban	Urban	Sub	Sub	Urban

RESULTS

10 Key Components

Table 2 is a visual representation of each Court's adherence to the 10 Key Components as defined by (Ashcroft, Daniels,& Herraiz, 2004). Respondents were asked a series of questions to determine if their court meets each component. For each component, a court received a + if they indicated meeting that component or a – if they did not meet that component.

Table 2.

		Court												
		A	B	C	D	E	F	G	H	I	J	K	L	M
10 Key Components (NADCP, 1997, Lutze & Wormer, 2014).														
1	Drug courts integrate alcohol and other drug treatment services with justice system case processing.	+	+	+	+	-	+	+	+	+	+	+	+	+
2	Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.	+	+	+	+	+	+	+	+	+	+	+	+	+
3	Eligible participants are identified early and promptly placed in the drug court program.	+	-	+	-	-	+	-	+	+	+	-	+	+
4	Drug courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitation service.	+	+	+	+	+	-	-	+	+	+	+	+	+
5	Abstinence is monitored by frequent alcohol and other drug testing.	+	+	+	+	+	+	-	+	+	+	+	+	+
6	A coordinated strategy governs drug court responses to participants' compliance.	+	+	+	+	+	+	+	+	+	+	+	-	+
7	Ongoing judicial interaction with each drug court participant is essential.	+	+	+	+	+	+	+	+	+	+	+	+	+
8	Monitoring and evaluation measures of achievement of program goals and gauge effectiveness.	+	+	+	+	+	+	+	+	+	+	-	-	+
9	Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.	+	+	+	-	+	+	-	+	+	+	+	-	+
10	Forging partnership among drug court, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.	+	+	+	+	+	+	+	+	-	+	+	-	+

Key Component 1 is defined as Drug courts that integrate alcohol and other drug treatment services which was measured in the survey by asking, “Does your drug court offer alcohol and drug treatment services?” Courts that indicated providing these services received a + and those that did not received a – in Table 2. Of the twelve courts that responded, only one court did not offer this type of treatment. This is important

because, the purpose this guideline is to stop the abuse of alcohol and other drugs and related criminal activity (Ashcroft, Daniels,& Herraiz, 2004).

Key Component 2 is defined as using a non-adversarial approach; prosecution and defense counsel promote public safety while protecting participants' due process rights. This was measured in the survey by asking, "Does your drug court use a non-adversarial approach when dealing with participants? If yes, how? And how is due process rights protected?" Courts that indicated providing these services received a + and those that did not received a – in Table 2. All courts reported using a non-adversarial approach. The purpose of this and why it's important is to facilitate an individual's progress in treatment, the prosecutor and defense counsel must shed their traditional adversarial courtroom relationship and work together as a team (Ashcroft, Daniels,& Herraiz, 2004).

Key Component 3 is defined as Eligible participants that are identified early and promptly placed in the drug court program. This was measured in the survey by asking, "At what point are defendants identified for the drug court program?" Courts that indicated identifying participants early received a + and those that did not received a – in Table 2. Four out of the thirteen surveyed respondents responded that they did not identify participants early in the court process while nine courts did. This was measured by whether or not the court offered the participant the opportunity of drug court pre-violation of probation. If so, they received an a+ . If they referred the participant after a probation violation, they received an a-. This is important and increases one's success because being arrested can be a traumatic event in a person's life. It creates an immediate crisis and can force substance abusing behavior into the open, making denial difficult. It's important to get the participant involved early because the period immediately after an

arrest, or after apprehension for a probation violation, provides a critical window of opportunity for intervening and introducing the value of alcohol or drug treatment (Ashcroft, Daniels,& Herraiz, 2004).

Key Component 4 is defined as Drug courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services. This was measured in the survey by asking, “Does your drug court offer alcohol and drug treatment services?” Courts that indicated providing these services received a + and those that did not received a – in Table 2. 11 drug courts reported offering drug and alcohol services while 2 did not meet this component. This is important due to the origins and patterns of alcohol or drug problems are complex and unique to everyone. They are influenced by a variety of accumulated social and cultural experiences (Ashcroft, Daniels,& Herraiz, 2004).

Key Component 5 is defined as abstinence that is monitored by frequent alcohol and other drug testing. Which was measured in the survey by asking, “Does probation drug test the participants? If so, how often?” Courts that monitored abstinence from drugs received a + and those that did not received a – in Table 2. All but one drug court met this component. Many tested once a week and some tested twice a week. This is crucial due to having an accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress (Ashcroft, Daniels,& Herraiz, 2004).

Key Component 6 is defined as a coordinated strategy that governs drug court responses to participants' compliance. This was measured in the survey by asking, “Does your drug court use rewards or sanctions as tools to address compliance problems?” Courts that indicated using rewards or sanctions received a + and those that did not

received a – in Table 2. Eleven drug courts use rewards and sanctions and one did not. It's important that the one court that did not meet this component, meet it in the future due to becoming sober or drug free is a learning experience, and each relapse to AOD use may teach something about the recovery process (Ashcroft, Daniels,& Herraiz, 2004).

Key Component 7 is defined as ongoing judicial interaction with each drug court participant is essential. This was measured in the survey by asking, “How often do participants have to report to court?” Courts that indicated providing these services received a + and those that did not received a – in Table 2. All twelve drug courts met this component. The responses were written in, which all thirteen courts responded anywhere from one to two times a week or at least twice a month depending on their process within the program. Courts that had this plan in place received a +. This is an essential part of drug court because this is an active, supervising relationship, maintained throughout treatment, increases the likelihood that a participant will remain in treatment and improves the chances for sobriety and law-abiding behavior (Ashcroft, Daniels,& Herraiz, 2004).

Key Component 8 is defined as monitoring and evaluation measures of achievement of program goals and gauge effectiveness. This was measured in the survey by asking, “Do you have a system in place to review the effectiveness of your courts outcomes?” Courts that indicated they have a system in place to review court effectiveness received a + and those that did not received a – in Table 2. Ten of the twelve drug courts surveyed reported having a system in place to review the effectiveness of court outcomes and two did not. Getting data on the effectiveness of the courts is huge when it comes to comparing the effectiveness of the court and the recidivism rate. Fundamental to the

effective operation of drug courts are coordinated management, monitoring, and evaluation systems. The design and operation of an effective drug court program result from thorough initial planning, clearly defined program goals, and inherent flexibility to make modifications as necessary (Ashcroft, Daniels,& Herraiz, 2004).

Key Component 9 is defined as continuing interdisciplinary education promotes effective drug court planning, implementation, and operations. This was measured in the survey by asking, “Does your drug court offer interdisciplinary education for drug court staff? If so, what is done?” These questions were written in questions, in which courts’ responses from those who met this component varied from once a year to multiple times a year. Courts that indicated providing this education received an a + and those that did not received a – in Table 2. Of the twelve drug courts surveyed, nine provided interdisciplinary education for drug court staff and three did not. The Purpose, Periodic education and training ensures that the drug court's goals and objectives, as well as policies and procedures, are understood not only by the drug court leaders and senior managers, but also by those indirectly involved in the program (Ashcroft, Daniels,& Herraiz, 2004).

Key Component 10 is defined as forging partnership among drug court, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness. This was measured in the survey by asking, “Do you have any foreign partners (public agencies, community-based organizations) If yes, who?” This was a write in response with most courts writing the different partnerships that they have such as community programs, correctional facilities and other organizations. Courts that indicated they have these partnerships received a + and those that did not received a

– in Table 2. Ten of the twelve drug courts reported having partnerships with outside agencies and two did not. This is important due to its unique position in the criminal justice system; a drug court is especially well suited to develop coalitions among private community-based organizations, public criminal justice agencies, and alcohol or drug treatment delivery systems (Ashcroft, Daniels, & Herraiz, 2004).

Looking at the court's adherence to the 10 Key Components, it seems that most courts adhere to the components set out by the Federal Government. This is important because by following the 10 Federal Guidelines, these drug courts can get the best results for the participants within their drug court. Several components, including components 2 and 7 had 100% adherence, meaning each of the courts responded that they follow all 10 Key Components of the Federal Guidelines.

In two areas, identifying persons for drug court promptly and providing interdisciplinary education to staff, seemed problematic with five courts not identifying eligible participants early and promptly placing them in the drug court program and three courts not providing interdisciplinary education that promotes effective drug court planning, implementation, and operations. In all other areas, two of the thirteen respondents did not offer substance abuse services, use a system of rewards or sanctions, review their own effectiveness, or have outside partnerships. Overall, while there seems to be good adherence to the 10 Key Components, there seems to be some differences among the courts.

Of the thirteen responses, five of the thirteen met all benchmarks regarding the 10 Key Components. The most common benchmark missing (5) was Key Component 3 which was identifying participants early. Those courts indicated they did not identify

participants early enough. All thirteen respondents surveyed abided by more of the Key Components than not.

Although courts adhere to more of the Key Components than not, this doesn't have an effect on how they measure success within their court. Some courts that followed most of the Key Components didn't rate themselves the highest on the survey based questions on effectiveness. This could be an indicator that maybe the Key Components do not influence the effectiveness of drug courts or maybe certain Key Components should be focused more on to make their court more effective.

Court Effectiveness

The 10 Key Components were produced by a diverse group of drug court practitioners and other experts from across the country, brought together by the National Association of Drug Court Professionals (Ashcroft, Daniels,& Herraiz, 2004). The committee included representatives from courts, prosecution, public defense, treatment, pretrial services, case management, probation, court administration, and academia and others with drug court experience (Ashcroft, Daniels,& Herraiz, 2004). The committee intended for the benchmarks to be inspirational, describing the absolute best practices, designs, and operations of drug courts for adults with alcohol and other drug problems (Ashcroft, Daniels, & Herraiz, 2004). Below is a table that describes how each court described how they closely they follow the 10 Federal Guidelines.

Table 3.

		Court												
		A	B	C	D	E	F	G	H	I	J	K	L	M
Questions														
1	On a scale 1-5 (5 being the most effective, 1 being the least) how effective do you believe your drug court program is?	4	3	4	2	2	3	4	4	4	4	3	1	5
	Mean- 3.31 SD- 1.07													
2	On a scale 1-5 (5 being the most effective, 1 being the least) how effective do you feel housing programs within drug courts are?	5	3	3	N/A	3	3	N/A	3	2	3	3	3	5
	Mean-3.27 SD- 0.86													
3	On a scale 1-5 (5 being the most effective, 1 being the least) how effective do you feel your drug court is when it comes to the recidivism rate?	4	4	4	2	N/A	3	4	N/A	3	4	3	2	4
	Mean-3.36 SD- 0.77													

To better understand how each court views its own effectiveness, the question “On a scale 1-5 (5 being the most effective, 1 being the least) how effective do you believe your drug court program is?” was asked. The mean answer was 3.31 with a Standard Deviation (SD) of 1.07. This suggests that most courts believed their court could improve their overall effectiveness in this category. However, looking at the frequency, one court of the thirteen respondents rated themselves a 5 which is suggesting their court is extremely effective. Six of thirteen respondents rated themselves a 4 suggesting they believe their court to be effective. Three out of the thirteen respondents rated themselves a 3 out of 5 for how effective their court is. While 2 courts rated themselves a 2, this was suggesting that these courts do not believe that their program is effective. One court gave themselves the lowest rating (1).

To better understand how each court views its own effectiveness, the question “On a scale 1-5 (5 being the most effective, 1 being the least) how effective do you feel

housing programs within drug courts are?” was asked. The mean answer was 3.27 with a SD of 0.86. This suggests that most courts believe their court could improve in this category. However, looking at the frequency, eight of thirteen respondents rated themselves a 3 suggesting they believe their court could use some work in this category, two courts of the thirteen respondents rated themselves a 5 which is suggesting their court is extremely effective in this category. While one court rated themselves a 2 suggesting that this court was not that effective with housing assistance, with two courts not giving a rating.

To better understand how each court views its own effectiveness, the question “On a scale 1-5 (5 being the most effective, 1 being the least) how effective do you feel your drug court is when it comes to the recidivism rate?” was asked. The mean answer was 3.36 with a SD of 0.77. This suggests that most courts believe their court could improve in this category. However, looking at the frequency, six of thirteen respondents rated themselves a 4 suggesting they believe their court to be effectively reducing recidivism and three of the thirteen respondents rated themselves a 3 which is suggesting their court could be more effective in this category. While two courts rated themselves a 2 suggesting that these courts are not that effective at reducing recidivism, with two courts not giving a rating.

When asked about overall court effectiveness, housing effectiveness, and effectiveness in reducing recidivism, the courts’ mean score was about a 3 for all answers. This suggests that courts are not reporting the highest level of effectiveness in any of the areas measured. However, looking at the individual ratings, it seems that

courts across Massachusetts rate themselves differently. The next section will discuss each court separately.

Court's A, B, C, H, J, and M all adhered to every benchmark of the 10 Key Components. Court's A, C, H, and J graded their drug court a 4 out of 5 for effectiveness, Court B graded their drug court a 3 out of 5, while drug court M gave themselves a 5 out of 5 for drug court effectiveness. Basically, from this data, meeting the 10 guidelines isn't necessarily correlated with a certain subjective assessment of effectiveness. Most courts viewed themselves as effective in all three areas.

DISCUSSION

This thesis set out to investigate if following the 10 Key Components is related to drug court effectiveness. Various questions were asked to see if drug courts within the Commonwealth of Massachusetts were following the Federal Guidelines of the 10 Key Components. Some of these questions were how early participants are identified for the program and other agencies that the court works with throughout the program. Of the thirteen responses to my survey, the results indicated there were mixed responses. The study was intended to demonstrate a correlation between the following of the components and the recidivism rate. Because recidivism rates were unavailable, effectiveness was measured instead. The analysis showed the relationship between the 10 Key Components and effectiveness.

One correlation between all courts is they all followed Number 2 on the 10 Key Component list, “Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.” The patterns in the survey showed, the more courts that followed the 10 Key Components, the more likely they were to say they believed their court was effective. The results received from my survey met my expectations. It was expected that most courts would follow the guidelines, however, surprisingly some courts responded that their court was not effective.

One unexpected result was the unavailability of the recidivism rates. This was significant due to not being able to link those who follow the guidelines the closest and who has the best recidivism rate. Having the data on the recidivism rates would have

been a key to this survey, hopefully as time goes on the drug courts in Massachusetts begin to make this data available.

One important question asked in the survey was, “What would make your drug court more successful?” This was an open response question in which many courts mentioned having more beds for participants, especially for female participants. Many courts needed increased patient programs, transportation and of course more funding. Some courts mentioned getting a full-time clinician and more mental health treatments. Interestingly, one court mentioned probation readiness which indicated to me their court is not well organized. Overall, several courts mentioned needing more beds and having full time clinicians is most needed to improve drug courts throughout Massachusetts.

This research measures how closely drug courts in the Commonwealth of Massachusetts follow the 10 Key Components and how this relates to their drug court effectiveness. Although most courts adhere to more of the Federal Guidelines than not, my survey showed this is not necessarily a correlation with having an effective drug court program. That could have several meanings, such as the 10 Federal Guidelines being outdated, or maybe looking at the 10 Federal Guidelines and seeing if adhering to one Key Component more than another one can make a difference in their success rate. The purpose of the 10 Key Components were to be inspirational, describing the very best practices, designs, and operations of drug courts for adults with alcohol and other drug problems. Perhaps, focusing on a certain Key Component in the future may have a more positive correlation between drug courts and their effectiveness.

Limitations

Right around the end of week 3 of survey availability, COVID-19 began to intensify throughout our country. This delayed some responses and possibly caused some potential participants not to answer due to transitions within their workplace. The results from the survey may have also been strengthened had both judges and probation officers from each of the courts responded. It would have been interesting to compare the different perspectives. Additionally, there were some limitations such as a small sample size. To date, there are only 25 drug courts in the Commonwealth of Massachusetts and not all 25 courts responded to the survey. It is worth mentioning there was no incentive to take the survey. Possibly, attending each court in person may have helped increase the response rate. Many judges and probation officers were only available through e-mail. All 12 courts that did respond did not provide recidivism rates so I could not compare the courts that had the lowest recidivism rates with how closely they followed the 10 Key Components of the Federal Guidelines. It is important to keep in mind, drug courts, especially in Massachusetts are relatively new and more data may become available as time goes on.

CONCLUSION

Drug courts have not been in existence exceptionally long. They first began in Florida, back in 1989, to deal with the over population of drug offenders. However, since then, they have made their way throughout the country, becoming more popular due to their success. This research has shown that although a few adhere to the 10 Key Components of drug court, some also do not. Unfortunately, these twelve drug courts that replied do not have access to the recidivism rates which made it impossible to find out if those who followed the 10 Key Components had a better recidivism rate.

For this thesis, every drug court in the Commonwealth of Massachusetts was contacted to answer a survey about adhering to the 10 Key Components and their courts effectiveness. These courts reside in different regions of Massachusetts and in cities or towns of various sizes within Massachusetts. Twelve of the twenty-five drug courts responded, providing data that provides information on each court's adherence to the 10 Key Components. One court had two respondents which resulted in thirteen total responses.

Drug courts show promise as an alternative to jail and prison sanctions. It would be important to have clear indicators of success and the ability to say these courts are working well in the Commonwealth of Massachusetts. With this evidence, the Commonwealth might be more willing to put resources into prison & jail alternatives.

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Appendix A: IRB Approval Form



February 8, 2020

Dr. Jennifer Hartsfield
Associate Professor and Graduate Chairperson, Criminal Justice
Maxwell Library, Room 311C

Re: IRB Application Approved – Case #2020112

Dear Jennifer:

This letter is to inform you that the Institutional Review Board (IRB) has approved (*expedited*) the research project titled, "*Drug courts and following of the Federal Guidelines.*"

The approval for your study is active for a period of one (1) year from the date of this letter. You are expected to adhere to the procedures as outlined in your proposal. Any changes in procedures, protocol, or the consent form will require the approval of the Institutional Review Board.

As the principal investigator, you have primary responsibility for protecting the rights and welfare of human research subjects and for complying with the provisions of the Institutional Review Board.

Best wishes on your research project. Please contact me if you have any questions.

Sincerely,

Dr. Elizabeth Spievak
Chair, Institutional Review Board

Cc: Charles Souza

Appendix B: Survey Questionnaire

What is your job title within the court?

Where is the location of the drug court in which you work?

Is there a system in place to review your courts compliance with federal guidelines?

- ☐ Yes
- ☐ No

Do you have any foreign partners (public agencies, community-based organizations) If yes, who?

Does your drug court use a non adversarial approach when dealing with participants? If yes, how? and how are due process rights protected?

Are there substances that your drug court does NOT test for that you think it should?

What type of illegal and prescription drugs does the drug court test for?

How often do participants have to report to court?

How often do participants have to report to Probation?

Can you describe the drug court team and its function?

Does your drug court offer interdisciplinary education for drug court staff? If so, what is done?

Who is present at a drug court hearing?

Does your drug court use rewards or sanctions as tools to address compliance problems?

- ☐ Yes
- ☐ No

Does your drug court offer alcohol and drug treatment services?

- ☐ Yes
- ☐ No

Does probation drug test the participants? If so, how often?

What is the recidivism rate for your drug court?

On a scale 1-5 (5 being the most effective, 1 being the least) how effective do you believe your drug court program is?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

On a scale 1-5 (5 being the most effective, 1 being the least) how effective do you feel housing programs within drug courts are?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

On a scale 1-5 (5 being the most effective, 1 being the least) how effective do you feel your drug court is when it comes to the recidivism rate?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Which town/city is your drug court located in?

Is there a resource that will make your drug court more effective? Please explain.

What is your drug court's greatest barrier to success? Please explain

What would make your drug court more successful?

At what point are defendants identified for the drug court program?

Do you have a system in place to review the effectiveness of your courts outcomes?

- ☐ Yes
- ☐ No